

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90096 047 \*\*\*\*50.00

**DOCUMENT # L03000005063**

1. Entity Name  
**MEXICO CONSULTING GROUP, LLC**



Principal Place of Business  
**3500 CORAL WAY, SUITE 811  
MIAMI, FL 33145**

Mailing Address  
**3500 CORAL WAY, SUITE 811  
MIAMI, FL 33145**

**20003208**



2. Principal Place of Business

**3160 Matilda St.**

Suite, Apt. #, etc.

3. Mailing Address

**3160 Matilda St.**

Suite, Apt. #, etc.

01182005 Chg-LLC CR2E083 (10/03)

City & State  
**Miami FL**

Zip  
**33133**

Country  
**U.S.**

City & State  
**Miami FL**

Zip  
**33133**

Country  
**U.S.**

4. FEI Number  
**45-0504300**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLUMBERG, ROBERT  
3500 CORAL WAY  
SUITE 811  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Robert Blumberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**3160 Matilda St.**  
City **Miami** FL Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*R. Blumberg*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUMBERG, ROBERT 3500 CORAL WAY, SUITE 811 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, PILAR A 4162 S.W. 188TH AVE. MIRAMAR, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Blumberg Robert 3160 Matilda St. MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*R. Blumberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/18/05 305-447-0395**